

Case Number:	CM15-0027550		
Date Assigned:	03/30/2015	Date of Injury:	02/18/2011
Decision Date:	05/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old female who sustained an industrial injury on August 22, 2010. She has reported injury to her neck, shoulders, and low back and has been diagnosed with C6-7 disc injury with mild disc desiccation and bulging, thoracic strain, multilevel lumbar disc desiccation and bulging, right shoulder impingement syndrome with acromioclavicular joint pain, left shoulder full thickness rotator cuff tearing/impingement syndrome with acromioclavicular joint pain, bilateral tennis elbow, and bilateral carpal tunnel syndrome. Treatment has included rest, medications, and physical therapy. Currently the injured worker complains of bilateral arm pain 9/10, bilateral hand pain 9/10, bilateral leg pain 9/10, and low back pain 8/10. The treatment request included a right subacromial injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right subacromial injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: According to the guidelines, up to 2-3 subacromial injections are recommended for treatment of rotator cuff inflammations, impingement syndrome or small tears. In this case, the claimant was diagnosed with right shoulder impingement. Therapy and conservative management were previously provided. The request for a right subacromial injection is appropriate and medically necessary.